

UNITED STATES DISTRICT COURT

for the

Southern District of FloridaWest Palm Division

AUG 18 2023

ANGELA E. NOBLE
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Legal Mail

Provided to Florida State Prison on
8/18/23 for mailing by RJ

Case No.

(to be filled in by the Clerk's Office)

ASHNEY L. CAJUSTE

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Please "See Attached"

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

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COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

ATTACHMENT PAGE FORTY

DEFENDANT(S)

- (1) GED GROUP
OWNERS/OPERATORS OF SOUTHBAY
CORRECTIONAL FACILITY
- (2) JOHN DOE
WARDEN OF SOUTHBAY CORRECTIONAL
FACILITY
- (3) RICKY DIXON
SECURITY OF FLORIDA DEPARTMENT
CORRECTIONS
- (4) JOHN DOE
CLASSIFICATION OFFICER
GED GROUP
SOUTHBAY CORRECTIONAL FACILITY

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

ASHNEY L. CAJUSTEAll other names by which
you have been known:N/A

ID Number

W37076

Current Institution

FLORIDA STATE PRISON

Address

P.O. Box 800RivieraFL32083

City

State

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Geo GroupJob or Title (*if known*)OWNER/OPERATOR OF SOUTH BAY CORR. INST.

Shield Number

Employer

Address

SOUTH BAY CORRECTIONAL FACILITYFL33493

City

State

Zip Code

 Individual capacity Official capacity

Defendant No. 2

Name

JOHN DOEJob or Title (*if known*)WARDEN OF SOUTH BAY CORR. FACILITY

Shield Number

Employer

Address

SOUTH BAY CORRECTIONAL FACILITYFL33493

City

State

Zip Code

 Individual capacity Official capacity

Defendant No. 3

Name

RICKY DIXON

Job or Title (if known)

SECRETARY OF FLORIDA DEPT CORRECTIONS

Shield Number

Employer

FLORIDA DEPARTMENT OF CORRECTIONS

Address

501 S. CALHOUN ST SUITE 135

TALLAHASSEE

City

FL

State

32309-2500

Zip Code

 Individual capacity Official capacity

Defendant No. 4

Name

Joe Doe

Job or Title (if known)

CLASSIFICATION OFFICER

Shield Number

Geo Group

Employer

SOUTHBAY CORRECTIONAL FACILITY

Address

Southbay

City

FL

State

33493

Zip Code

 Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8th AMENDMENT FOR DELIBERATE INDIFFERENCE TO A SERIOUS MEDICAL NEED.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.
- Each employee was employed by
Geo Group who is contracted to run the security for South Bay
Correctional facility by the Florida Department of Corrections*

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Southbay Correctional facility on 3-26-2023

C. What date and approximate time did the events giving rise to your claim(s) occur?

March 26 - 2023

D. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

See Attached

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

See Attached

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

See Attached

ATTACHED from PAGE 5

IV. Statement of claim

1. I have epilepsy for which I DO HAVE A LOW BUNK, LOW Tier PASS, THAT I HAVE HAD DURING MY INCARCERATION AND STILL CURRENTLY HAVE WHICH REQUIRES THAT I MUST BE HOUSED ON THE BOTTOM TIER AND IN A BOTTOM BUNK BECAUSE OF THE SEIZURES THAT I HAVE HAD AND STILL CURRENTLY HAVE DUE TO HAVING epilepsy BUT CLASSIFICATION AT SOUTHBAY CORRECTIONAL FACILITY IGNORED THIS MEDICAL LOW TIER, LOW BUNK PASS AND ILLEGALLY HOUSED ME ON THE UPPER MOST AND FLOOR TIER
2. ON MARCH 26 2023 I DID SUFFER A VERY SERIOUS SEIZURE AND DUE TO THE NATURE OF INJURIES SUFFERED FROM HAVING THIS SEIZURE ON THE UPPER TIER I WAS emergency TRANSPORTED TO ST MARYS MEDICAL CENTER FOR EMERGENCY TREATMENT OF SAID INJURIES

V INJURIES

PHYSICAL INJURIES

I suffered MULTIPLE CUTS, BRUISES AND
WELTS from INJURIES while HAVING A SEIZURE
ON THE UPPER floor where per
Medical I should NOT HAVE BEEN HOUSED

EMOTIONAL INJURIES

I suffer from NIGHTLY NIGHTMARES of falling
OFF THE TOP TIER WHILE HAVING A SEIZURE
AND BREAKING MY NECK, FLASH BACKS OF
THE SEIZURE I SUFFERED ON MARCH 26 2023
ON THE UPPER TIER
A STRONG FEELING OF NOT BEING SAFE OR GETTING
proper HOUSING per MEDICAL REQUIREMENTS
AND A STRONG FEAR OF CORRECTIONS STAFF

Relief

Geo Group OWNER I AM SEEKING
\$ 50,000 IN PUNITIVE DAMAGES
\$ 50,000 IN COMPENSATORY DAMAGES

JOHN Doe WARDEN OF SOUTH BAY CORRECTIONAL FACILITY
I AM SEEKING
\$ 50,000 IN PUNITIVE DAMAGES
\$ 50,000 IN COMPENSATORY DAMAGES

RICKY DIXON, SECRETARY DEPARTMENT OF CORRECTIONS
I AM SEEKING
\$ 50,000 IN PUNITIVE DAMAGES
\$ 50,000 IN COMPENSATORY DAMAGES

JOHN Doe CLASSIFICATION OFFICER
I AM SEEKING
\$ 50,000 PUNITIVE DAMAGES
\$ 50,000 COMPENSATORY DAMAGES

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

SOUTH BAY CORRECTIONAL FACILITY

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Do not know

If yes, which claim(s)?

SEE ATTACHED

SEE ATTACHED FOR PAGE 6 OF 11

VIS. STATEMENT OF ADMINISTRATIVE REMEDIES
ADMINISTRATIVE PROCEDURES

C. 8TH AMENDMENT

CEREBRAL VENOUS DYSFUNCTION

DISRESPECTFUL INDIFFERENCE

MEDICAL NEGLIGENCE

I WAS HOUSED ON TOP TIER
AGAINST MY MEDICAL PASS WHICH
IS A VIOLATION OF POLICY AND
PROCEDURES FOR MY SEIZURES
WHICH I AM DIAGNOSED WITH
EPILEPSY.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

- E. If you did file a grievance:

1. Where did you file the grievance?

RECEPTION MEDICAL CENTER, LAKE BUTLER

2. What did you claim in your grievance?

SEE ATTACHED; DOCUMENTS

3. What was the result, if any?

DENIED, AT EVERY LEVEL

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

INFORMAL, FORMAL, SECRETARY OF FDOC GRIEVANCE

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

SEE ATTACHED DOCUMENTS

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes

No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court (*if federal court, name the district; if state court, name the county and State*)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition.

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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 Yes No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

ADRIENNE L. CADNOSTS

Defendant(s)

RIC. L. BRADSHAW

2. Court (if federal court, name the district; if state court, name the county and State)

SOUTHERN DISTRICT - WEST PALM BEACH

3. Docket or index number

9:21-CV-82150-KMW

4. Name of Judge assigned to your case

KATHLEEN M. WILLIAMS

5. Approximate date of filing lawsuit

11/30/2021

6. Is the case still pending?

 Yes No

If no, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

8/03/2023

Signature of Plaintiff

Dashay Cojuteo

Printed Name of Plaintiff

ASHLEY COJUTEO

Prison Identification #

W37076

Prison Address

FLORIDA STATE PRISON

PALM BLDG

City

FL

32073

State

Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

ASHLEY L. CAJNIS
DC#W37076

FLORIDA STATE PRISON

K1228

P.O. BOX 800

RAYFORD, FL 32083

Mailed From A State
Correctional Institution

87
U.S. INSPECTOR
RECEIVED

CLERK'S OFFICE

UNITED STATES DISTRICT

SOUTHERN DISTRICT OF FL

400 NORTH MIAMI AVENUE

Miami, FL 33128-7711

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